Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	09/28/08	Address:	CR 125 E Approx 1/2 mile
Case #:	<u>16-18378</u>		South of SR 26
County:	Howard/34		Kokomo, Indiana 46901
Operation	aboratory Seizure (check one) onal Lab al/Glassware/Equipment (only) te (only)	Seizure Location (d Residence Outbuilding Vehicle	check all that apply) Hotel/Motel Open – No Structure Other:
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) Lithium/Ammonia Reaction(s): Lithium/Ammonia Reaction(s): Red Phosphorous/Iodine Reaction(s): Flammable Solvents: Open - No Structure Water Reactive Metal (Lithium): Open - No Structure Anhydrous Ammonia: Hydrochloric Acid Gas Generator(s):			
Corrosive Acid: Corrosive Base: Other (item and location):			
Yes n/s	er age 18 discovered (check one) a (number present) port to Child Protective Services	Ephedrin	e Information c/Pseudoephedrine Tracking Log erchant Tip <u>(SD</u>
This report is to be faxed to the following agencies that serve the location:			
Health Dep	ment: <u>Kokomo FD</u> artment: <u>Howard Co.</u> ction Service: <u>N/A</u>	Fax: <u>(765)</u> Fax: <u>(765)</u> Fax: <u>N/A</u>	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: R.A. Burgess Phone 765-473-6666			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

^{***} This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.